

June 10, 2003

Montana Medicaid Notice

Specialized Non-Emergency Transportation Providers

Prior Authorization Required

The Department is implementing a prior authorization review process for specialized non-emergency transportation (Wheelchair Van) providers effective July 1, 2003.

The Department holds a contract with the Mountain-Pacific Quality Health Foundation to perform prior authorization review for various transportation services. The Foundation has been conducting prior authorization review for commercial transportation, private vehicle transportation and ambulance services since 1996.

The Foundation operates a Transportation Management System and call center for the Department. Medicaid clients requesting travel assistance call the Transportation Center in advance of their appointment with all the information about the medical appointment and their travel needs. The Foundation staff evaluate the request and determine if the request will be authorized.

Criteria for evaluation of travel request are:

- Travel is by the least costly means of transportation appropriate for the client's circumstances
- Client is Medicaid eligible on the appointment date
- Appointment is for a Medicaid covered medical service
- PASSPORT To Health authorization is in place when required
- Travel is to the nearest appropriate provider

The Foundation will begin reviewing requests for wheelchair van transports with appointment dates from July 1, 2003 forward. Clients should be encouraged to begin calling in for prior authorization of July services during the month of June.

Please assist your clients in this transition by supplying your Medicaid riders with a copy of the attached client handout. Also attached is a set of written procedures to assist wheelchair van providers and their office staff with the transition. We suggest the procedures be posted in a convenient location in your office.

Contact Information

Please contact the Foundation at 800-292-7114 with any questions about the prior authorization process. For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

Client Handout

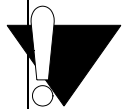
Montana Medicaid Wheelchair Van Transport Prior Authorization Process

Montana Medicaid requires prior authorization for wheelchair van services effective July 1, 2003. This means all medical appointments on or after July 1, 2003 for which a ride is needed, must be approved in advance of the appointment.

Medicaid Transportation Center: 800-292-7114

Clients, family members, representatives or social workers contact the Transportation Center by phone in advance of the client's appointment. (The van drivers or owners should not be calling in trips.)

Callers must have full information about the appointment as well as the client's travel needs. Call well in advance of the appointment, as soon as it has been scheduled.



Rides cannot be approved if called in at the last minute.

The Transportation Center staff review the travel request to assure it meets the requirements of the Administrative Rules of Montana. Travel requests must be:

- To a Medicaid covered service
- At the closest site of service
- By the least costly means appropriate to the client's needs
- For an eligible Medicaid client

When a travel request for wheelchair van service has been approved, the Transportation Center will inform the wheelchair van provider by fax. The authorization will contain instructions for the transport.

Wheelchair van services cannot be provided after July 1, 2003 unless authorized in advance.

Wheelchair Van Providers

Montana Medicaid Wheelchair Van Procedures

Dispatch Log	<ol style="list-style-type: none"> 1. The Medicaid clients contact the Transportation Center to request assistance with a ride. 2. Staff at the Transportation Center determine if the ride qualifies for coverage under the Medicaid 3. The Transportation Center faxes Dispatch Logs to wheelchair van providers up to three times daily (M-F) informing them of upcoming, authorized rides. 4. The provider transfers the client & pick up information to their own dispatch schedule. 5. Some authorizations will be for multiple trips to the same place on different dates (Blanket Authorization), some single trips and some one-way trips.
Unable to Transport	The provider is responsible for contacting the Foundation Transportation Center (in advance of the client's appointment) if they are unable to supply an authorized ride.
Corrected Logs	<ol style="list-style-type: none"> 1. Should the client's appointment information change after the provider has been sent the Dispatch Log, a second "CORRECTED" Dispatch Log will be generated and faxed to the provider. 2. The Notes field is used to indicate the information which has been modified or corrected. 3. The provider transfers the corrected information to their dispatch schedule.
Provide Ride	<ul style="list-style-type: none"> • The provider picks up the patient and delivers them to the authorized location, returning them home if a round trip has been authorized. • No additional side trips are approved unless specifically identified on the dispatch log. Medicaid will not authorize or reimburse providers for side trips to the store.
Submit Claim	<ol style="list-style-type: none"> 1. Once the Foundation verifies that the medical appointment has been kept, approval for payment is transmitted to ACS. Providers may then bill ACS for payment of the ride. 2. Remember only one PA number per claim form. Refer to ACS billing instructions for details on completing claims. 3. Bill Medicaid only for rides which actually happened. If the client was not available to be picked up or found another means of getting to their appointment, do not submit charges for that ride.
Paid and Denied Claims	ACS will generate a remittance advice (RA) with their payments. Providers should review this statement carefully to make sure payments were made as expected. Contact Provider Relations at ACS (800-624-3958) for assistance in resolving denied claims. It is the provider's responsibility to follow up and, when necessary, resubmit denied claims.